# Lone Working Guidance Risk Assessment Form:

Refer to [Lone Working Notes for Guidance](http://www.docs.csg.ed.ac.uk/Safety/ra/LOOH_notes.pdf) before completing this form.

|  |  |
| --- | --- |
| Title | Information from School |
| School Assessment No. |  |
| Title of Activity: |  |
| Location(s) of work: |  |
| Brief Description of Work: |

##  HAZARD IDENTIFICATION:

Identify all the hazards specific to the lone working activity; evaluate the risks (low / medium / high); describe all existing control measures and identify any further measures required.

Specific hazards should be assessed on a separate risk assessment form and cross-referenced with this document. Specific assessments are available for hazardous substances, biological agents, display screen equipment, manual handling operations and fieldwork.

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD(s)** | **RISK L / M / H** | **CONTROL MEASURES** | **RISK AFTER CONTROL L / M / H** |
| **WORKPLACE:**Identify any hazard specific to the workplace / environment, which may create particular risks for lone workers e.g. confined spaces |  |  |  |
| **PROCESS:**Identify any hazards specific to the work process, which may create particular risks for lone workers e.g. electrical systems |  |  |  |
| **EQUIPMENT:**Identify any hazards specific to the work equipment, which may create particular risks for lone workers e.g. manual handling |  |  |  |
| **VIOLENCE:**Identify the potential risk of violence. |  |  |  |
| **INDIVIDUAL:**Identify any hazards specific to the individual, which may create particular risks for lone workers e.g. medical conditions, gender, age, inexperience, etc. |  |  |  |
| **WORK PATTERN:**Consider how the lone worker's work pattern integrates with those of others workers, in terms of both time and geography. |  |  |  |
| **OTHER:**Please specify. |  |  |  |

\* Continue on separate sheet, if necessary

## Persons at Risk:

Identify all those who may be at risk.

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE** | **NAME** | **TYPE** | **NAME** |
| Academic Staff |  | Technical Staff  |  |
| Postgraduate Student |  | Undergraduate Student |  |
| Maintenance Staff |  | Office Staff |  |
| Cleaning Staff |  | Emergency Staff |  |
| Contractors |  | Visitors |  |
| Others |

## Training:

Identify the level of information, instruction and training required. Consider the experience of workers.

|  |  |  |  |
| --- | --- | --- | --- |
| **TRAINING:** | **YES** | **NO** | **N/A** |
| Has necessary information, instruction and training been given? |  |  |  |
| Expand and clarify, if necessary. |  |

## Supervision:

Identify the level of supervision required.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** |
| Is suitable supervision in place?(identify all necessary supervisory measures). |  |  |  |
| Periodic telephone contact with lone workers |  |  |  |
| Periodic site visits to lone workers |  |  |  |
| Regular contact (telephone, radio, etc) |  |  |  |
| Automatic warning devices e.g. motion sensors, etc |  |  |  |
| Manual warning devices e.g. panic alarms, etc |  |  |  |
| End of task / shift contact |  |  |  |
| Other, specify |  |
| Expand and clarify, if necessary. |  |

## Additional Information:

Identify any additional information relevant to the lone working activity, including emergency procedures first aid provision.

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|  |

##  Assessment carried out by:

|  |  |
| --- | --- |
| **Assessment carried out by:** | **Dates:** |
| Name: |  | Date: |  |
| Signature: |  | Review Date: |  |

##  Names of Persons Involved in Lone Work:

|  |  |  |
| --- | --- | --- |
| **Name:** | **Signature:** | **Date:** |
|  |  |  |
|  |  |  |
|  |  |  |